

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						08/983318		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1						
2	1	1	1	1	1			
3	2	2	1	1	1			
4	2	2	1	1	1			
5	1	1	1	1	1			
6	1	1	1	1	1			
7	1	1	1	1	1			
8	1	1	1	1	1			
9	3	3	1	1	1			
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	2	1	2	1				
TOTAL DEP.	11	1	7	1				
TOTAL CLAIMS	13	1	9	1				
TOTAL IND. 100 TOTAL DEP. 100 TOTAL CLAIMS 100								